

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land Management Administration • Solid Waste Program
1800 Washington Boulevard • Suite 605 • Baltimore, Maryland 21230-1719
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Refuse Disposal Permit Application

Authority: Title 9, Environment Article, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 26.04.07
Municipal landfills also see 40 CFR Part 258 and EPA guidance for additional requirements.

Application for: ☐ New Permit ☐ Renewal Permit

Existing Permit No. _____ - _____ - _____ Issued Date: ____/____/____ Expiration Date: ____/____/____

Applicant's Legal Name: _____

Applicant's Status: ☐ Individual ☐ Corporation ☐ Government ☐ Other:

Federal Employer Identification No.: _____

Maryland State Department of Assessments and Taxation (SDAT) ID No.: _____

Please note that a business/entity must be registered to do business in Maryland before a permit can be issued. The business or entity's information provided in this application must match the information in the SDAT register.

Proof of workers' compensation coverage is required under § 1-202 of the Environment Article. Please provide one of the following:

- (1) A copy of a Certificate of Compliance issued by the Maryland Workers' Compensation Commission; or
(2) Workers' Compensation Insurance Policy/Binder Number: _____

Applicant's Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Applicant's Telephone No. () _____ - _____ Facsimile No.: () _____ - _____

Emergency Contact Name & Title: _____ Telephone No.: () _____ - _____

Facility/Site Name: _____

Facility/Site Address: _____ City: _____ State: _____ Zip Code: _____

County: _____ Maryland Grid Coordinates: _____, _____ N / _____, _____ E

County Zoning Map No.: _____ Lot/Parcel No.: _____ Deed/Liber/Folio No.: _____

State Legislative District: _____ Local Council / Election District: _____

Bay Tributary Watershed Code: _____ Latitude/Longitude (Deg/Min/Sec): _____ - _____ - _____ / _____ - _____ - _____

Site Acreage: _____ Facility Acreage (Estimated): _____

Type of Solid Waste Acceptance Facility

- | | |
|---|--|
| <input type="checkbox"/> Municipal Landfill ¹ | <input type="checkbox"/> Incinerator ^{1,2} |
| <input type="checkbox"/> Rubble Landfill ^{1,3} | <input type="checkbox"/> Transfer Station ¹ |
| <input type="checkbox"/> Industrial Landfill ¹ | <input type="checkbox"/> Processing Facility ² |
| <input type="checkbox"/> Land Clearing Debris Landfill ¹ | <input type="checkbox"/> Processing Facility & Transfer Station ^{1,2} |

Notes: 1. Financial Security is required for a privately owned facility.

2. Air Quality Permit may be required.

3. Groundwater Discharge Permit may be required.

Proposed Days & Hours of Operation: _____

Provide a brief description of solid waste handling and other activities to be conducted at this facility:

If available, attach the following documentation required for permit issuance:

- ☐ A written statement from the County in which the proposed facility is to be located, demonstrating that the proposed facility meets all applicable County zoning and land use requirements and is in conformity with the County Solid Waste Management Plan, in accordance with §9-210(a)(3) of the Environment Article.
- ☐ For an incinerator, a written statement from the County where the proposed facility is to be located, demonstrating that the County has an approved Recycling Plan in accordance with §9-204.1 and §9-505 of the Environment Article.

- ☐ For a rubble landfill, a written statement from the County in which the proposed facility is to be located, demonstrating that the County has specified in the County Solid Waste Plan the types of waste that may be disposed of in the facility, in accordance with §9-210(c) of the Environment Article.

Provide the estimated amount of solid waste to be accepted in Tons (T) or Cubic Yards (CY) from the following facilities and sources:

A. Intermediate Facilities:

Processing Facilities _____

Transfer Stations _____

Incinerators _____

B. Origin Of Waste By Region:

Within Jurisdiction _____

Out-of-County in Maryland _____

Out-of-State (Specify Name) _____

Please indicate the estimated amount of solid waste in Tons (T) or Cubic Yards (CY) to be accepted at this facility. This list will be used to determine the type of permit and the list of acceptable materials that will be allowed under the permit for which you are applying.

Type of Waste	1 st Year (units)	5 th Year (units)
Residential (household refuse, domestic waste, garbage, etc.)		
Commercial (waste from businesses, stores, offices, etc.)		
Industrial (non-hazardous sludge, dust, off-spec products, etc. from industrial or manufacturing operations or processes)		
Construction and Demolition (lumber, masonry, drywall, etc.)		
Land Clearing Debris (stumps, limbs, leaves, earthen material, etc.)		
Agricultural (crop residue, manure, unprocessed materials, etc.)		
Institutional (non-hazardous waste from schools, hospitals, etc.)		
Special Medical Waste (infectious waste from hospitals, doctor's offices, research labs, etc.)		
Animal Carcasses (road kills, farm animals, etc.)		
Bulky Waste (appliances, furniture, etc.)		
Litter (street sweepings, municipal wastebaskets, etc.)		
Scrap Tires (automobiles, trucks, etc.) - Requires a separate license for handling or managing tires.		
Sewage Sludge or Septage - Requires separate permit for sewage sludge utilization.		
Water Treatment Plant Sludge (alum precipitate, etc.)		
Hazardous Waste (from chemical plants, gas stations, etc.)		
Asbestos (shingles, insulation, etc.) - Requires special training and handling		
Incinerator Ash (from incinerators, waste-to-energy incinerators, special medical waste incinerators, boilers, etc.)		
Fly Ash (pollution abatement equipment dusts & bottom ash from coal fired electric generating plants)		
Other (list):		
Total		

By signing this form, I the applicant or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this application are true to the best of my knowledge, information, and belief. I hereby authorize the representatives of the Department to have access to the site of the proposed facility for inspection and to records relating to this application at any reasonable time. I acknowledge that depending on the type of facility applied for, other permits or approvals may be required.

Signature of Applicant

Date

Applicant's Name (Print)

Title

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. §552.a. Disclosure of your Social Security Number or Federal Employer Identification Number on this application is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, Annotated Code of Maryland, which requires the Maryland Department of the Environment to verify that an applicant for a permit has paid all undisputed taxes and unemployment insurance. Social Security or Federal Employer Identification Numbers will not be used for any purposes other than those described in this Notice.